



**State of Washington**  
**DEPARTMENT OF FINANCIAL INSTITUTIONS**  
**Division of Consumer Services**  
P.O. Box 41200 • Olympia, Washington 98504-1200  
Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258

**CHECK CASHER/SELLER AMENDMENT APPLICATION**

*Use this form for company name or address changes.*

**INSTRUCTIONS:**

1. **IF YOU HAVE A CHECK SELLER AND/OR A SMALL LOAN BOND**, contact your insurance company to obtain a rider to your bond changing the address/name or to add trade name(s). Forward the original, signed and sealed, rider to this office
2. Contact the Washington State Department of Licensing, Master Business License Service at 360/902-3600, to change the address/name, or add/remove a trade name. (DFI will verify with DOL that the above changes have been made.)
3. Contact the Washington Secretary of State at 360/753-7115 to **change the name of a corporation, partnership, or LLC only.** (DFI will verify with the Secretary of State that the name change has been made.)
4. Surrender previous **original** Check Casher, Seller license(s) and Small Loan Endorsement(s). If changing the main licensed location's address/name, **surrender all original branch licenses** as well as the main office's original license.
5. Forward this form (with attachments if needed) and the original, signed and sealed, bond rider to the above address.
6. DFI may request additional documentation after review of your file.

**COMPANY NAME:** \_\_\_\_\_

**LICENSE NUMBER:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**PHONE NUMBER:** (     ) \_\_\_\_\_

## CHECK CASHER/CHECK SELLER AMENDMENT APPLICATION FORM

**PLEASE CHECK APPLICABLE BOX:**

- ☐ MAIN OFFICE ADDRESS CHANGE  
☐ MAIN OFFICE NAME CHANGE  
☐ ADD TRADE NAME(S) OR DBA  
☐ REPRINT LICENSE (due to loss)

- ☐ BRANCH OFFICE ADDRESS CHANGE  
☐ BRANCH OFFICE NAME CHANGE  
☐ REMOVE TRADE NAME(S) OR DBA  
☐ OTHER(explain)

**LICENSE NUMBER:** \_\_\_\_\_

**EFFECTIVE DATE OF CHANGE** \_\_\_\_\_

**PREVIOUS INFORMATION:**

\_\_\_\_\_  
*COMPANY NAME* *TRADE NAME or DBA*

\_\_\_\_\_  
*PHYSICAL ADDRESS* *CITY, COUNTY, STATE, ZIP*

\_\_\_\_\_  
*MAILING ADDRESS* *CITY, COUNTY, STATE, ZIP*

\_\_\_\_\_  
*TELEPHONE NUMBER* *FAX NUMBER* *E-MAIL ADDRESS*

BUSINESS STRUCTURE ☐ CORPORATION ☐ PROPRIETORSHIP ☐ PARTNERSHIP ☐ LLC  
☐ OTHER \_\_\_\_\_

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**NEW INFORMATION:**

\_\_\_\_\_  
*COMPANY NAME* *TRADE NAME or DBA*

\_\_\_\_\_  
*PHYSICAL ADDRESS* *CITY, COUNTY, STATE, ZIP*

\_\_\_\_\_  
*MAILING ADDRESS* *CITY, COUNTY, STATE, ZIP*

\_\_\_\_\_  
*TELEPHONE NUMBER* *FAX NUMBER* *E-MAIL ADDRESS*

BUSINESS STRUCTURE ☐ CORPORATION ☐ PROPRIETORSHIP ☐ PARTNERSHIP ☐ LLC  
☐ OTHER \_\_\_\_\_

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***AUTHORIZATION FOR VERIFICATION FORM- COMPANY***

**TO WHOM IT MAY CONCERN:**

I, the undersigned official, of the company noted, hereby authorize and request you to provide the Department of Financial Institutions of the State of Washington, any and all information and documentation that they request for the purpose of verifying information provided in conjunction for a check casher, a check seller and or a small loan endorsement, or for the of conducting an investigation in accordance with chapter 31.45 Revised Code of Washington.

**BY:** \_\_\_\_\_  
**Signature of Authorized Official**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed name of Authorized Official**

\_\_\_\_\_  
**Title**